

### **Inpatient Data Elements to be reported**

Type of Care	Hospital Identification Number
Date of Birth	Sex
Race/Ethnicity	ZIP Code
Admission Date	Discharge Date
Type of Admission	Source of Admission
Principal Diagnosis and Condition Present at Admission	Other Diagnoses and Condition Present at Admission
Principal Procedure and Date	Other Procedures and Dates
Principal E-Code	Other E-Codes
Prehospital Care and Resuscitation (DNR)	Disposition of Patient
Patient Social Security Number	Total Charges
Expected Source of Payment	